

Special Event Off-Campus Permission Form

New Life Christian Academy
5517 Griswold Road*Kimball, MI 48074*(810) 367-3770

Student's name _____ Grade: _____ is invited to participate in
the following activity: _____

Date of trip: _____

Objective of activity: _____

Teacher in charge: _____ Grade(s) attending: _____

Special safety issues: _____

Special rules for students to follow: _____

Special items needed: _____

Departure time: _____ Approximate return time: _____

Means of travel: _____ Cost of trip: _____

Food/Lunch: _____

Additional information: _____

Parents may choose for their child to not participate in a particular field trip. If this should be the case, the student will not be academically penalized for non-participation, but he/she is not excused from school during the time of the field trip unless of preschool or kindergarten age. An alternative assignment and/or supervised study time will be provided for students in grades 1-12.

Special needs/Parent's wishes:

If your student has allergies or other medical or special needs, please write them out, sign them, attach them to this sheet and initial below. Please understand that such special needs may prevent a student from participating in some events. Also, if you do not wish for your student to participate in a particular aspect of this trip, please attach a statement to that effect and sign below.

Special student information attached. Parents initial here: _____ If you initial this space, please also communicate your wishes to your child. Thank you!

At the beginning of the school year, you filled out the Annual Field Trip/Medical Form which had your emergency contact names, phone numbers, doctor's name, insurance information, etc. Is this information up to date? _____
If not, please provide any new information.

Permission to participate is given in accordance with all materials signed upon enrollment and on file at the school office. Attendance for this outing is a privilege that may be revoked if the student is not prepared for the outing or does not comply with the school handbook or supplementary policies. Parents are expected to make travel arrangements and pay for the expense if a student needs to be returned to school for disciplinary or health reasons from an out-of-town location.

I have carefully read all of the above information and understand its terms.

____ I give permission for my/our son/daughter to participate and agree to the terms for this off-campus activity.

____ I do not wish my child to participate. Please make other arrangements for him/her. (Only Preschool and Kindergarten children may stay home.)

Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

Father/Guardian's Name Printed

Mother/Guardian's Name Printed

(IF THE CHILD LIVES WITH BOTH PARENTS, THE RELEASE MUST BE SIGNED BY BOTH PARENTS/GUARDIANS.)

Father's Work Phone: _____ Cell Phone: _____ Home Phone: _____

Mother's Work Phone: _____ Cell Phone: _____ Home Phone: _____

Home address of student: _____

Note: Please sign and return this form no later than _____

Please note that we cannot accept handwritten notes, phone calls, or other substitutions in lieu of this form. Students who do not return a form with their name filled in and their parent's signatures will not be permitted to attend.

Parent helpers are needed for student events. Your help is appreciated! (Please circle Yes or No below)

Would you be able to serve as a chaperone? Yes No

Would you be able to serve as a volunteer driver? Yes No

Have you filled out a Volunteer Driver Application Form? Yes No

of seatbelts _____